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## APPLICANTS

William L. Post, McMinnville, OR; ✓

\*\* CONTINUING DATA \*\*\*\*\*

None Y6A

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None Y6A

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 5	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials Y6A				

## ADDRESS

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## TITLE

Defective pixel correction method and system

FILING FEE  RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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